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REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5		
Bob Corker for Senate 20	12, Inc.				
	· · · · · · · · · · · · · · · · · · ·				
ADDRESS (number and street)	O. Box 848				
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2. FEC IDENTIFICATION NUMB	ER▼	CITY A	STATE A	ZIP CODE A STATE ▼ DISTRICT	
C C00430462	3. IS	THIS 🗍 NEW	AMENDED	SIATE + DISTRICT	
		PORT (N) OR	(A)	LTN L	
4. TYPE OF REPORT (Choose (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Re January 31 Year-End Re Termination Report (TER	(b) 12-1 at (Q1) t (Q2) eport (Q3) Ele eport (YE) (c) 30-1	Primary (12P) Convention (12C) Convention on Convention (12C) Convention on Convention (12C) Convention (12C)	General (12G) Special (12S) Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	in the State of Special (30S) in the State of S	
5. Covering Period 10	01 / 2012	through 10	/ D D / Y 17	2012 T	
I certify that I have examined this Re	eport and to the best	of my knowledge and belief it is:	true, correct and corr	nplete.	
Type or Print Name of Treasurer	Kimberly Kaegi				
Signature of Treasurer	Geel Hay	<i>R</i> /	Date 01 /	23 / 2013	
NOTE: Submission of false, erroneous,	or incomplete informat	tion may subject the person signing	this Report to the per	nalties of 2 U.S.C. §437g.	
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